

BEST AVAILABLE COPY

<i>Index of Claims</i>				Application No.	Applicant(s)						
				<i>101749798</i>	Examiner						
						Art Unit					
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Allowed		<input type="checkbox"/> (Through numeral) Cancelled <input checked="" type="checkbox"/> Restricted		<input type="checkbox"/> Non-Elected <input checked="" type="checkbox"/> Interference		<input type="checkbox"/> Appeal <input checked="" type="checkbox"/> Objected					
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Final Original				Final Original				Final Original			
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